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Be sure to check out the Journal of Proceedings of the 2016 MCC Annual Meeting

MCC Calendar Events

Colon Cancer: Could Proinflammatory Diets Raise Risk?

Ana Sandoiu, Medical News Today, January 2018

New research published in the journal JAMA Oncology explores the link between inflammation-inducing diets and the risk of developing colon cancer.

The study was led by Fred K. Tabung, Ph.D., of the Harvard T.H. Chan School of Public Health in Boston, MA.

Tabung and team started from the observation that inflammation is known to contribute to cancer in general and colorectal cancer in particular — a fact well-documented by researchers. So, they wondered whether proinflammatory diets would have a similar effect on the risk of colon cancer. To investigate this, they assessed the inflammatory components of diets using an empirical dietary inflammatory pattern (EDIP) score.

The EDIP score was based on 18 food groups. Meat, fish that is not dark meat, vegetables that are not leafy greens or dark yellow, refined grains, and both high- and low-energy beverages such as soft drinks all correlated positively with high inflammatory markers. The researchers used two prospective cohort studies — the Nurses' Health Study and the Health Professionals Follow-up Study — to obtain information about dietary patterns from more than 120,000 adults.

Subjects were clinically followed for 26 years, and every 4 years they received food questionnaires. To study the link between their diet and risk of colon cancer, Tabung and his colleagues used Cox regression models.

The researchers also divided the participants into different alcohol intake and body weight groups, analyzing potential associations between diet and colon cancer risk within these categories.

To view the full article, follow this link: Colon Cancer: Could Proinflammatory diets raise risk?

GW Cancer Survivorship E-Learning Series

Attention Providers! Interested in obtaining FREE continuing education credits? If so, check out George Washington University Cancer Institute's *Cancer Survivorship E-Learning Series for Primary Care Providers.*

The E-Learning Series is a great opportunity for primary care professionals and any interested providers to learn about cancer survivorship care. The cancer survivor population in the United States is continuing to grow. These individuals may experience the effects of their cancer and its treatment for many years to come. It is important to have medical professionals available who understand the health care needs of survivors in the primary care setting.

The E-Learning Series is an online training module created in collaboration with the American Cancer Society, with funding through a 5-year cooperative agreement with the CDC. It contains 10 modules covering a range of topics including general survivorship care, late effects of cancer treatment, and clinical follow-up care guidelines for several different cancers. Each module in the E-Learning Series takes about 1 hour to complete and includes the following components:

- Cancer survivor case study examples
- Cancer survivor interviews
- Review of care guidelines
- Module quizzes
- Additional resources

For more information, or to start the E-Learning Series please visit: Cancer Survivorship E-Learning Series for Primary Care Providers

MCC Award Nominations are Open

Each year the MCC celebrates the best in cancer prevention and control. Please read the award descriptions below and submit your nominations for recognition at the 2018 MCC Annual Meeting.

•MCC Champion Award: The MCC Champion Award honors an individual who has demonstrated leadership, excellence, success, and impact in the fight against cancer.

•Spirit of Collaboration Award: Honors collaborative work to move cancer control efforts forward in Michigan.

•Inspiration Award: No one should face cancer alone. Courageous, determined, resolute, faithful; these are the faces of cancer survivors. This award, given to a cancer survivor who exemplifies these words and lifts up others in the face of their own diagnosis

A New Treatment Option for Metastatic Breast Cancer in Women with Germline BRCA1/2 Mutations: Implications for Genetic Testing

Michigan Cancer Genetics Alliance, March 2018

On January 12, 2018, the Federal Drug Administration approved the use of olaparib tablets (Lynparza, AstaZeneca Pharmaceuticals, LP) for the treatment of HER2-negative metastatic breast cancer in women with germline (inherited) mutations in the *BRCA1/2* genes.[1] *BRCA* mutations are associated with hereditary breast and ovarian cancer syndrome. (Continued on Page 3)

A New Treatment Option for Metastatic Breast Cancer in Women with Germline BRCA1/2 Mutations: Implications for Genetic Testing (Continued)

Approval was granted on the basis of the results of the OlympiAD trial[2], a multicenter, randomized, open-label, phase 3 trial that compared olaparib monotherapy to standard therapy with one of three single chemotherapy agents. Participants were patients with a germline *BRCA* mutation and HER2-negative metastatic breast who had no more than two chemotherapy regimens for metastatic disease.
The trial showed that participants in the olaparib arm had significantly longer progression-free survival than those in the standard therapy arm (7.0 months versus 4.2 months); had a higher response rate (59.9% versus 28.8%); had a lower rate of grade 3 or higher adverse events (36.6% versus 50.5%); and had a lower rate of discontinuing treatment due to toxicity (4.9% versus 7.7%).[2]

The Science. Olaparib is a poly (ADP-ribose) polymerase (PARP) inhibitor. PARPs are involved in the repair of single strand DNA breaks. Previous studies have shown that cells with nonfunctioning *BRCA1* or *BRCA2* genes, which already have an impaired ability to fix double-strand DNA breaks, are sensitive to PARP inhibitors. Of note, the FDA approved use of olaparib for the treatment of advanced ovarian cancer in *BRCA* positive women in December 2014. In August 2017, the FDA extended its approval of the use of olaparib to women with recurrent ovarian, fallopian tube, or primary peritoneal cancer who have had a complete or partial response to platinum-based therapies, regardless of *BRCA* status[3].

Implications for Genetic Testing. Traditional indications for *BRCA1/2* genetic risk assessment, counseling, and possible testing in individuals with cancer include but are not limited to[4]:

- Any individual with ovarian cancer
- Breast cancer diagnosed ≤50 years
- Triple negative (ER-/PR-/HER2-) breast cancer diagnosed ≤60 years
- Two primary breast cancers in an individual
- A known familial BRCA1/2 mutation
- Male breast cancer
- An individual with metastatic prostate cancer
- An individual with breast cancer at any age from a population at increased risk (e.g., Ashkenazi Jewish ethnicity) or with a significant family history

However, not everyone who has a *BRCA* mutation meets such criteria. As such, genetic testing may be considered in the context of treatment decisions for women with HER2-negative metastatic breast cancer. Genetic testing should only be done after adequate genetic risk assessment and pre-test counseling with informed consent[5]. For assistance in coordinating genetic risk assessment, counseling, and testing contact a Michigan cancer genetics provider. For a list of providers visit: Directory of Clinical Cancer Genetic Services

References:
1. FDA approves olaparib for germline BRCA-mutated metastatic breast cancer. Available at www.fda.gov/Drugs/InformationOnDrugs/ApprovedDrugs/ucm592357.htm
2. Robson, M., et al., (2017). Olaparib for metastatic breast cancer in patients with a germline *BRCA* mutation. NEJM, 377, 523-33.
3. FDA approves olaparib tablets for maintenance treatment in ovarian cancer. Available at www.fda.gov/Drugs/InformationOnDrugs/ApprovedDrugs/ucm572143.htm
4. National Comprehensive Cancer Network Guidelines Version 1. 2018. Breast and/or Ovarian Cancer Genetic Assessment. Available at www.nccn.org/professionals/physician_gls/pdf/genetics_screening.pdf
5. Genetic Counseling and Testing for Hereditary Cancer Predisposition Syndromes, Position Paper for Healthcare Providers, Michigan Cancer Genetics Alliance and the Michigan Cancer Consortium, September 2015. Available at www.michigancancer.org/PDFs/Genetics/PositionStatement-TestgHereditaryCaPredispSyndromesGenCounselg.pdf

2018 MCC Meetings

Board Meetings (12 pm- 3 pm):
Wed, March 28
Wed, June 27
Wed, September 26
Annual Meeting (Lansing):
Wed, November 7
For more information: 877-588-6224

MCC Website

Be sure to visit the MCC website to find provider and patient resources

Health Equity Corner

Poverty Solutions at the University of Michigan

Poverty Solutions combines the assets of the University toward the prevention and alleviation of poverty. This work can affect the lives of millions of Americans through partnerships with community groups and policy makers to test the most promising solutions possible.

Key factors that make this initiative unique among university-led poverty efforts include:

- Action-based research focused on partnerships, pilots, and even large-scale interventions and programs that determine what is most effective and bring new discoveries to policymakers and community stakeholders.

- A real-world agenda centered on boosting economic opportunity, expanding educational attainment, and improving health.

- A highly interdisciplinary approach that has already engaged agencies and nonprofits across the region with scholars from U-M's schools of business, law, information, public health, social work, public policy, medicine, urban planning, engineering, literature, science and the arts, and the Institute for Social Research.

- Mutually respectful, dynamic, solution-focused partnerships with community organizations, government entities, practitioners, and policymakers at every level. Such partnerships build creative solutions and also invest in capacity in the community, enhancing success, and creating resiliency.

For more information visit: Poverty Solutions at the University of Michigan